PRINTED: 06/03/2010 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X2) MULT (X1) PROVIDER/SUPPLIER/CLIA 3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDI \mathbf{C} B. WNG 185246 Division of Health Care 05/21/2010 Southern Enforcement Branch NAME OF PROVIDER OR SUPPLIER 371 WEST MAIN STREET **ROCKCASTLE HEALTH & REHABILITATION CENTER** BRODHEAD, KY 40409 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH: CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG IDEFICIENCY) Rockcastle health and Rehabilitation. F 000 F 000 **INITIAL COMMENTS** a Signature Healthcare Facility does not believe and does not admit that any An abbreviated standard survey (KY14771) was deficiencies existed, either before, conducted on May 19-21, 2010. Deficient during or after the survey. practice was identified at a "D" level. Facility reserves all rights to contest 483.15(h)(2) HOUSEKEEPING & F 253 the survey finding through informal MAINTENANCE SERVICES SS=D dispute resolution, formal appeal proceedings or any administrative or The facility must provide housekeeping and legal proceedings. This plan of maintenance services necessary to maintain a correction is not meant to establish any sanitary, orderly, and comfortable interior. standard of care, contract obligation or position and the Facility reserves all This REQUIREMENT is not met as evidenced." rights to raise all possible contentions by: and defenses in any type of civil or Based on observation, interview, and record criminal claim, action or proceeding. review, it was determined the facility failed to Nothing contained in this plan of maintain housekeeping and maintenance correction should consider as a waiver services necessary to maintain a sanitary, orderly, of any potentially applicable peer and comfortable interior. Resident #1's Broda Review, Quality assurance or self chair was observed to be soiled and in need of critical examination privilege which cleaning on May 19, 2010. the Facility does not waive and reserves the right to assert in any The findings include: administrative, civil or criminal claim. action or proceeding. The Facility A review of resident #1's medical record revealed the resident was admitted to the facility on August offers its response, credible allegations 22, 2008. Further review of resident 1's medical of compliance and plan of correction record revealed the resident was seen by the as part of its ongoing efforts to provide physician on May 10, 2010, related to rash-like quality of care to residents. areas on resident #1's buttocks, back, and shoulder areas that were causing the resident to F 253 483.15(h)(2) HOUSEKEEPING scratch intensely, creating open areas. A review & MAINTENANCE SERVICES of a physician's progress note dated May 5, 2010, revealed the resident had been diagnosed with dermatitis, pruritus, and very dry skin with Resident #1's Broda chair has been cellulitis. The progress note also revealed the cleaned to ensure that the resident resident was to receive daily baths. Additionally, maintains a sanitary, orderly, an interview with resident #1's physician on May and comfortable environment. 19, 2010, at 10:40 a.m., revealed a definitive This was LABORATORY-DIRECTOR'S OR PROVIDER/SUPPLIED REPRESENTATIVE'S SIGNATURE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other satiguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are citied, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: CBI611

Facility ID: 100375

If continuation sheet Page 1 of 7

(X6) DATE

2010

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
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F 253	Continued From pag	ue 1	=====================================	253	completed on 5/21/2010	by the			
		nt #1's "rash" could not be	,	200	Environmental Services Director				
		n stated oral and topical							
		I for the resident would			2.	:			
		he problem, and further			The Administrator, Director of	Nursing.			
		ent needed daily baths, and			Director of Housekeeping, and				
		zed by the resident should be			of Maintenance made enviro	onmental			
	kept clean.	,			rounds throughout the entire fa				
	,				include resident's rooms in				
	A review of resident	#1's current comprehensive			I ·	anliness,			
	care plan revealed the problem of skin infection was added on May 10, 2010; interventions to be utilized for the problem revealed "good clean hygiene techniques" were to be utilized for resident #1. An observation on May 19, 2010, at 9:50 a.m., revealed the resident to be in bed, and a Broda chair was present in the resident's room. Further observation of the Broda chair revealed a buildup				infection control, equipment in				
					repair, equipment functionality,				
					as any other areas recogni				
					improvement. Concerns identif				
					corrected immediately, or those				
					not of harm were placed on a				
					plan and prioritized with				
					completion. Environmental rou				
					completed 6/15/2010.	ads were			
	of dirt and food parti			Compressed of 15,2010.					
	chair seat and the fr			3.					
	chair were observed			Equipment for residents is being	z cleaned				
	cleaning.				to ensure that all residents m				
					sanitary, orderly, and cor				
		bsequent observation of			environment. Cleaning equip				
		chair was conducted on May			being completed by the Admi	nistrator			
		m., with LPN #1 who was			Plant Operations Team, Envir	onmental			
		1. LPN #1 confirmed that			Services Director, and Nursi	ng Staff			
	resident #1's Broda chair was soiled and in need of cleaning, however, LPN #1 stated he/she had failed to notice the chair was soiled until pointed out by the surveyor. The LPN stated resident care equipment was to be cleaned by third shift staff, but was unaware of the last time resident #1's Broda chair had been cleaned.				Members. All equipment				
						facility			
					schedule is being established to				
					that resident equipment will be				
					on a routine basis. This scho				
					being developed by the Dir				
	,	a poor ordered.			Nursing and Administrator				
i	An interview with the Administrator and Director				implemented by 06/17/2010.				
l .	of Nursing (DON) conducted on May 19, 2010, at				Managers, Director of Nursi	ing and			
		the facility had no cleaning			Administrator will monit				
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER ROCKCASTLE HEALTH & REHABILITATION CENTER			s	TREET ADDRESS, CITY, STATE, ZIP CODE 371 WEST MAIN STREET BRODHEAD, KY 40409	0321120.0	
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F 441 SS=D	schedule in place for and was unaware of Broda chair had beer 483.65 INFECTION (SPREAD, LINENS The facility must esta Infection Control Prosafe, sanitary and coto help prevent the dof disease and infect (a) Infection Control The facility must esta Program under which (1) Investigates, contin the facility; (2) Decides what proshould be applied to (3) Maintains a record actions related to infect (b) Preventing Spread (1) When the Infection determines that a respreyent the spread of isolate the resident. (2) The facility must communicable disease from direct contact will train (3) The facility must hands after each direct and washing is indiprofessional practices.	resident care equipment, the last time resident #1's in cleaned. CONTROL, PREVENT ablish and maintain an gram designed to provide a infortable environment and evelopment and transmission ion. Program ablish an Infection Control in it - trols, and prevents infections are incidents and corrective ections. In do f Infection infection to infection, the facility must infection, the facility must prohibit employees with a se or infected skin lesions with residents or their food, if insmit the disease. The require staff to wash their ect resident contact for which cated by accepted	F 25	cleanliness of equipment during rounds to ensure that residents a sanitary, orderly, and environment. All licensed nurses and SRN being in-serviced regarding the and schedule for cleaning equipment. This in-service include the process for equipment in need of cleaning residents are being provided enthat is sanitary, orderly, and clother staff members will be in regarding the process for equipment in need of cleaning with the importance of obseaspects of the residents envincluding equipment, when mal rounds in resident rooms and residents on unit. These in-ser be provided by the Administ Staff Development Coordinate completed on 06/11/2010. 4. The Administrator, Director of Unit Managers, Staff Development Coordinate completed on 06/11/2010. 4. The Administrator, Director of Unit Managers, Staff Development coordinate completed on 06/11/2010. 4. The Administrator pirector of Unit Managers, Staff Development coordinate completed on 06/11/2010. 4. The Administrator pirector of Unit Managers, Staff Development is being cleaned acceptable. This review will be to the Quality Assurance (Coordinator and Environmental Coordinator and Environmental Coordinato	maintain clean IA's are process resident will also reporting to ensure quipment ean. All serviced reporting all ironment, king daily observing vices will rator and or to be Nursing, relopment 1 Services nliness of auditing maure that cording to e reported committee	
		die, store, process and s to prevent the spread of		monthly for three mon recommendations and further as indicated. Any areas of con	follow-up	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '.	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 441	Continued From pag	ed From page 3 F 441 be addressed immediately.			6/17/10		
	infection.				F441 483.65 INFECTION CONTROL, PREVENT SPR LINENS	EAD,	
	This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain infection control practices to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. Observations of resident #1's Broda chair on May 19, 2010, revealed the chair was dirty and in need of cleaning. The findings include: During an initial tour of the facility on May 19, 2010, at 9:00 a.m., resident #12 was observed to be lying in bed, awake and alert. Resident #12 requested the surveyor to summon assistance due to the resident's need to void. A facility staff person was notified of the resident request and immediately entered the resident's room.				Resident #1's Broda chair has been cleaned to ensure that the resident maintains a sanitary, orderly, and comfortable environment. This was completed on 5/21/2010 by the Environmental Services Director.		
					The sink in the central bath Trails was disinfected May 2: ensure infection control pra- maintained and residents are pages, sanitary and control pra-	l, 2010 to ctices are	,
					environment for residents. Resident #12's bedside toilet is being emptied in the hopper room located on Indian Trails to ensure that infection control practices are maintained.		
	resident #12 on May revealed the residen offensive odor was p resident's room. Re had been assisted to assisted back to bed unable to transfer/ar assistance. Further toilet in the resident's amount of urine and	observation of the bedside s room revealed a large stool present in the toilet.		•	2. The Administrator, Director of Director of Housekeeping, an of Maintenance made envirounds throughout the entire include resident's rooms in observe the following: C infection control, equipment repair, equipment functionality as any other areas recognifications.	f Nursing, d Director ironmental facility to order to cleanliness, in need of y, as well nized for	
,		nducted on May 19, 2010, at fied Nursing Assistant (CNA)			improvement. Concerns iden corrected immediately, or tho		

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F 441	#1, who was caring for stated that he/she had the bedside toilet and resident's request. The/she had failed to the resident utilized in Further observation of at 9:30 a.m., revealed	or resident #12. CNA #1 Id assisted resident #12 to Id back to bed upon the The CNA further revealed that empty the bedside toilet after It. of CNA #1 on May 19, 2010, Id CNA #1 proceeded to	F	441	plan and prioritized with completion. Environmental ro completed 6/15/2010. 3. Equipment for residents is being to ensure that all residents in	dates of unds were ng cleaned naintain a omfortable		
	empty resident #12's towel over the recept from the base of the to the central bathrod #12's room. CNA #1 container's contents the toilet and flushing rinse out the container faucet of the bathtub central bathroom. H for both the hot and a spun freely when CN unsuccessfully to obt CNA #1 then procee hand sink by placing receptacle in the sink the receptacle, remo	pty resident #12's bedside toilet by placing a release of the properties of the bedside toilet, and taking it the central bathroom located next to resident the central bathroom located next to resident the receptance of the disposed of the container's contents by pouring the contents into the release out the container utilizing water from the cet of the bathtub that was present in the intral bathroom. However, the faucet handles being developed to both the hot and cold water taps of the bathtub to the proceeded to obtain water from the and sink by placing the soiled bedside toilet receptacle, removing the receptacle from the are certain the receptacle, removing the receptacle from the are certain the receptacle in the sink basin, running water into the receptacle		being completed by the Adr Plant Operations Team, Env Services Director, and Nur Members. All equipment cleaned by 6/17/2010. schedule is being established that resident equipment will on a routine basis. This so being developed by the D Nursing and Administrato implemented 6/17/2010. Managers, Director of Nu Administrator will mor cleanliness of equipment da rounds to ensure that residen	e Administrator, Environmental Nursing Staff oment will be . A facility lished to ensure will be cleaned his scheduled is he Director of istrator to be 0. The Unit f Nursing, and monitor the ent during daily esidents maintain			
	CNA #1 then procee back on the bedside CNA #1 took no furth the hand sink in the An interview was con 9:35 a.m., with CNA worked at the facility basis, and had not work source of water in the	ing the water into the toilet. Ided to place the receptacle toilet in the resident's room. The action to clean/disinfect central bath. Inducted on May 19, 2010, at #1. CNA #1 stated she only on a PRN (as needed) calized the water in the ked, and the only other to explain that if bedside			environment. Licensed nurses and SRNA's in-serviced regarding the p schedule for cleaning equipment. This in-service include the process for equipment in need of cleaning residents are being provided that is sanitary, orderly, and other staff members will be regarding the process for	s are being rocess and resident will also reporting g to ensure equipment clean. All in-serviced		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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The provided by the Administrator and beautiful for control bath row so conducted with CNA #2 who was working on the indian Trails hallway with CNA #1 receptacles/bedpans. An additionally, CNA #1 receptacles/bedpans. An additionally was conducted to the indian Trails and was conducted with CNA #2 who was working on the indian Trails in their comes. Additionally, CNA #1 receptacles/bedpans. An additionally was conducted on May 19, 2010, at 9.40 a.m., with the Administrator, who stated the water in the batituto of the contral bath to obtain was easiled at his/her direction and contents and the contral bath to obtain was easiled at his/her direction approximately nine months ago due to being "fariad it created a safety risk for residents." A subsequent interview was conducted on May 19, 2010, at 9.40 a.m., with the Administrator, who stated the water in the batituto of the contral bath to obtain months ago due to being "fariad it created a safety risk for residents." A subsequent interview was conducted on May 9.	CENTER:	CENTERS FOR MEDICARE & MEDICAID SERVICES			OMB NO. 0938-					
INMEDITATION CENTER ROCKCASTLE HEALTH & REHABILITATION CENTER REGULARRY STATEMENT OF DEFICIENCES TO THE ROCKEASTLE HEALTH & REHABILITATION CENTER BRODHEAD, KY 40409 REGULARRY STATEMENT ON EXCRETED THE ROCKEASTLE BRODHEAD, KY 40409 F441 Continued From page 5 total containers who to be desired to the shower room on the Indian Trails hallway with solled containers whould have to be carried to the shower room on the new addition hallway, or transport the solled containers whough the dining room, and past the kitcher's food distribution center to the other resident hall which had a central bathroom. CNA #1 stated she had never thought of washingladishefecting the Indian Trails hallway willize the hard sink for washing their hands, face, and oral hygiene, due to the majority of the rooms on the hallway not having a sink/bide facilities in their rooms. Additionally, CNA #1 revealed that he/she had received no training regarding the facility is infection control practices, or how/where to dispose/clean toilet receptacles/bedpans. An additional interview was conducted with CNA #2 who was working on the Indian Trails hallway with the Administrator, who stated the waster for rinsing soleld to being "fariad" it created a safety risk for residents." An Interview was conducted on May 19, 2010, at 9:40 a.m., with the Administrator, who stated the waster in the ballitub of the central bath to obtain water for rinsing soleld to being "fariad" it created a safety risk for residents." An Interview was conducted on May 19, 2010, at 9:40 a.m., with the Administrator, who stated the waster in the ballitub of the central bath had been disabled at his/her direction approximately nine months ago due to being "fariad" it created a safety risk for residents."				1 1						
NAME OF PROVIDER OS SUPPLIER ROCKCASTLE HEALTH & REHABILITATION CENTER PRETEX (PAN) ID (SUMMARY STATELEHENT OF DEPOIENCIES (RACH DEPOIENCY MUST BE PRECECCED BY FLLL TAGE (RACH CORRECTIVE ACTION 8) PROUNTING INFORMATION (RACH CORRECTIVE ACTION 8) PROPROPRIATE (RACH CORRECTIVE ACTION 8) PROUNTING INFORMATION (RACH CORRECTIVE ACTION 8) PROPROPRIATE (RACH CORRECTIVE ACTION 8) PROVIDED IN TAGE (RACH CORRECTIVE ACTION 8)				1			(3		
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F 441 Continued From page 5 tollet containers/bedpans were not emptied in the central bathroom on the lendian Trails halway the soiled containers would have to be carried to the shower room on the new addition hallway, or transport the soiled containers through the dining room, and past the kitchen's food distribution center to the other resident hall which had a central bathroom. CNA #1 stated she had never thought of weshing/disinfecting the hand sink after having placed the soiled receptacle into it and obtaining water. CNA #1 also confirmed that many residents who reside on the Indian Trails hallway utilize the hand sink for weshing their hands, face, and oral hygiene, due to the majority of the rooms on the hallway not having a sink/toilet facilities in their rooms. Additionally, CNA #1 revealed that he/she had received no training regarding the facility's infection control practices, or how/where to dispose/clean tollet receptacles/bedpans. An additional interview was conducted with CNA #2 who was working on the Indian Trails hallway with CNA #1 on May 19, 2010, at 9:40 a.m., who stated that he/she also utilized the hand sink in the central bath to obtain water for rinsing solled toilet and she that previous and tollet receptacles/bedpans. An interview was conducted on May 19, 2010, at 9:40 a.m., with the Administrator, who stated the water in the bathtuo of the central bath had been disabled at hisher direction approximately nine months ago due to being "afraid it created a safety risk for residents."	ROCKCASTLE HEALTH & REHABILITATION CENTER				1					
tollet containers/bedpans were not emptied in the central bathroom on the Indian Trails hallway the solled containers would have to be carried to the shower room on the new addition hallway, or transport the solled containers through the dining room, and past the kitcher's food distribution center to the other resident hall which had a central bathroom. CNA #1 statied she had never thought of weshing/disinfecting the hand sink after having placed the soiled receptacle into it and obtaining water. CNA #1 also confirmed that many residents who reside on the Indian Trails hallway utilize the hand sink for washing their hands, face, and oral hygiene, due to the majority of the rooms on the hallway not having a sink/toilet facilities in their rooms. Additionally, CNA #1 revealed that he/she had received no training regarding the facility's infection control practices, or how/where to dispose/clean toilet receptacles/bedpans. An additional interview was conducted with CNA #2 who was working on the Indian Trails hallway with CNA #1 on May 19, 2010, at 94-09 a.m., who stated that he/she elso utilized the hand sink in the central bath to obtain water for rinsing soiled toilet receptacles/bedpans. An interview was conducted on May 19, 2010, at 94-09 a.m., who stated that he/she elso utilized the hand sink in the central bath to obtain water for rinsing soiled toilet receptacles/bedpans. An interview was conducted on May 19, 2010, at 94-09 a.m., who stated that he/she elso utilized the hand sink in the central bath to obtain water for rinsing soiled toilet receptacles/bedpans. An interview was conducted on May 19, 2010, at 94-09 a.m., which stated the hand sink in the central bath had been disabled at his/her direction approximately nine months ago due to being "afraid it created a safety risk for residents on unit. These in-services will be completed by the Administrator and Staff Development Coordinator and Unit Managers on 6/11/2010.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF	1X	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETION		
19, 2010, at 3:30 p.m., with the Director of Nursing (DON) and Administrator. The DON stated she had not been aware that the bathtub	F 441	toilet containers/bedreentral bathroom on soiled containers work shower room on the transport the soiled or room, and past the known and past the center to the other recentral bathroom. Continuity of washing/dafter having placed that and obtaining water, many residents who hallway utilize the hands, face, and ora of the rooms on the his ink/toilet facilities in CNA #1 revealed that training regarding the practices, or how/wh receptacles/bedpans conducted with CNA Indian Trails hallway 2010, at 9:40 a.m., wutilized the hand sinkwater for rinsing soile receptacles/bedpans. An interview was con 9:40 a.m., with the A water in the bathtub disabled at his/her dimenths ago due to be safety risk for resider A subsequent interving, 2010, at 3:30 p.m. Nursing (DON) and A	cans were not emptied in the the Indian Trails hallway the build have to be carried to the new addition hallway, or containers through the dining of then's food distribution sident hall which had a NA #1 stated she had never isinfecting the hand sink he soiled receptacle into it CNA #1 also confirmed that reside on the Indian Trails and sink for washing their. I hygiene, due to the majority hallway not having a their rooms. Additionally, at he/she had received no be facility's infection control ere to dispose/clean toilet. An additional interview was #2 who was working on the with CNA #1 on May 19, who stated that he/she also is in the central bath to obtain ed toilet. Inducted on May 19, 2010, at deministrator, who stated the of the central bath had been detection approximately nine eing "afraid it created a hts."	F	441	equipment in need of cleaning with the importance of observaspects of the residents environment including equipment, when make rounds in resident rooms and oresidents on unit. These in-services be provided by the Administres Staff Development Coordinate completed on 6/11/2010. All centrally located bathroom resident personal bathrooms, he cleaned to ensure that reside provided a sanitary environment bedside toilets and bedpans a emptied and cleaned in the hope on the hall where the resident when a private resident bath unavailable. Licensed num SRNA's are being in-serviced infection control practices, the for emptying/disinfecting bedside and bedpans, and the applocation for emptying containing urine and/or stool education will additionally inclocations of hopper rooms the facility as well as the enavailable for use in each hopper and central bath. This in-service completed by the Staff Development of the s	ving all ronment, ing daily bserving ices will ator and or to be ms, and ave been ents are ent. All re being per room t resides aroom is ses and regarding process de toilets propriate ontainers. This clude the roughout quipment per room e will be elopment			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			VEY ED	
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ROCKCAS	STLE HEALTH & REHAE	UITATION CENTER		37	1 WEST MAIN STREET			
NOONOAC	TEE HEACHT & REHAL	METATION OLIVILIA		В	RODHEAD, KY 40409			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 441	receptacles/bedpans Indian Trails hallway Administrator stated policy/procedure in p	unaware of how toilet were being cleaned on the . The DON and that the facility had no			4. The Administrator, Director of Unit Managers, Staff Dev Coordinator and Environmenta Director will monitor the clear resident equipment through 20% of residents monthly to e equipment is being cleaned ac schedule. Daily observations of care areas, to include cem hopper room(s), and resident will be completed to eninfection control practices a maintained by staff Monitoring of these areas will direct observations monthly, reviews will be reported to the Assurance Committee monthly months, for recommendati further follow-up as indicate areas of concern will be immediately.	relopment I Services nliness of auditing nsure that cording to of resident tral bath, pathrooms sure that are being members. include 20 The above are Quality of or three ons and ed. Any	6/17/10	
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